

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Monday, February 15, 2021

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew (Colwell), Rubel, Davis

**ABSENT/  
EXCUSED:** None

**GUESTS:** Nicki Chopski, IBOP/DOPL; Steven Snow and Gretchen Fors, CDHH; Barbara Doherty, Childrens GI; Liz Hattier and Kurt Stenbridge, Greenwich Biosciences; Jeromy Campella and Gill Fors, Individual; Toni Lawson, Idaho Hospital Assoc; Cass Smith, St. Lukes Ped GI; Laura Boquette, Cullen Anderson, and Kristin Foss, St. Luke's Children's; John Watts, GW; Jeff Agenbroad, Senate; Mike Reynoldson, BCI; Anna Quon, St. Luke's; Daniel Rose, Pend O'reille Hospital District; Brenden Warwick, Not applicable; Valerie Player, Idaho Hands & Voices

**Chairman Wood** called the meeting to order at 9:00 a.m.

**H 115:** **Rep. Rod Furniss**, District 35, presented **H 115**, updating the governance for the seven district hospitals. The revisions help prevent board appointment fiduciary conflicts and provides additional time to locate board appointees. The board member revised qualification would exclude an owner or leader of any competing hospital. The board vacancy appointment time frame is increased to ninety days. The term "Director" is replaced with "trustee," for consistency.

**Toni Lawson**, Vice President, Government Relations, Idaho Hospital Association (IHA), was invited to answer a committee question. The increase to ninety days for filling vacancies will help provide other candidates who will stand for election after their appointment. Ms. Lawson then testified **in support** of **H 115**. The seven district hospitals must remain both financially viable and relevant within their communities, without direct competitors as board members. In small communities it takes more than 30 days to find, vet, and fill a vacancy spot. Appropriate health care professionals are still included on the hospital boards.

**MOTION:** **Rep. Lickley** made a motion to send **H 115** to the floor with a **DO PASS** recommendation.

Answering committee questions, **Ms. Lawson** said all voting board members are elected. There are two additional appointed members without voting rights. This legislation applies only to the voting members.

**Chairman Wood** put the committee at ease at 9:15 a.m. and resumed the meeting at 9:17 a.m.

**Daniel Rose**, Elected Trustee, a North Idaho Hospital taxing District, testified **in opposition** to **H 115**, expressing concern the suggested changes will undermine the original legislative intent of public funding and deprive public medical clinic services. For the record no one else indicated their desire to testify in person or remotely.

**VOTE ON MOTION:** **Chairman Wood** called for a vote on the motion to send **H 115** to the floor with a **DO PASS** recommendation: **Motion carried by voice vote. Rep. Christensen** requested he be recorded as voting **NAY. Rep. Furniss** will sponsor the bill on the floor.

**HCR 6:**

**Rep. Ilana Rubel**, District 18, presented **HCR 6**, a Resolution requesting the Department of Insurance (DOI) work with the insurance industry and affected families to discuss covering medically-necessary formula for children and infants with a defined variety of digestive disorders. This is not a mandate. There may be as many as 2,000 children with these disorders. The specialty formula can cost \$2,000 per month. Although covered by Medicaid, it is not required to be covered by private insurance. About half the states require private insurance coverage.

Co-sponsor **Rep. Paul Amador**, District 4, further presented **HCR 6**, sharing the medical challenges faced with his infant son. This Resolution directs exploration and working with the insurance industry to enhance opportunities for all new Idahoans to have the best start possible to their lives. Responding to questions, Rep. Amador said insurance coverage, because it is not required, is inconsistent between companies.

**Dr. Cass Smith**, Children's Gastroenterology, St. Luke's, testified **in support of HCR 6**. Infants can be prescribed specialty formulas for disease treatment and nutrition, avoiding serious side effects or long-term need during a critical developmental time. A child will stop eating when eating causes pain. For many children this is their only source of food and nutrients.

**Barbara Doherty**, Nurse Practitioner, Children's Gastroenterology, testified **in support of HCR 6**, stating there is no dispute these formulas are safe, effective, and have no side effects when used as recommended. Elemental formulas may be the only resource to restore a child's health completely. Unlike preventable diseases, these unpreventable diseases are not covered. The families go the distance for their children and it is time for the state to go the distance to help them by insuring coverage.

**Laura Boquette**, Clinical Nutrition Manager, St. Luke's, testified **in support of HCR 6**. Company sample programs and family-to-family trades, when available, help families defer the costs. Otherwise the families must secure high-cost formulas from pharmacies. Answering questions, she said a lot of the diagnoses requiring special formulas are not on the Medicaid list.

**Cullen Anderson**, Nurse Manager, St. Luke's Pediatric, testified **in support of HCR 6**. Children are the most vulnerable of our population. Specialty and general clinics do everything possible to insure they have the supplies needed. When nurses have to intercede on behalf of their patients they are taken away from other patients. Securing these through an easier process benefits for both patients and staff.

**Kristen Foss**, St. Luke's Children's, testified **in support of HCR 6**, sharing her son's need for an expensive amino acid formula. In order to financially cover the costs she had to eliminate child care, quit working, and borrow thousands of dollars from her parents and other sources. Insurance coverage would be a lifesaver for families like hers.

**Jeromy Campella**, testified **in support of HCR 6**. He described issues faced when his young daughter was diagnosed with Crohn's disease and the special beverage which gave her the nutrition she needed for ninety days. Now she is healthy, active, and in college. He had insurance coverage, which removed the financial stress and allowed his family to find joy during a difficult time.

**Anna Quon**, Registered Nurse, St. Luke's Health System, testified **in support of HCR 6**. Her son, with multiple medical health disorders, has needed tube feeding since he was eighteen months old. She shared her struggles with an insurance company who considered this situation to be borne out of convenience. Help is needed to ease the financial burden and paperwork necessary to get what her child needs to survive.

**Brenden Warwick**, Employee, St. Luke's, testified **in support** of **HCR 6**, on behalf of his 15-month old son. The insurance company required growth charts, weight gain, and other documentation. They then denied his claim, which was finally approved upon appeal. When his deductible was reset the costs were no longer covered and he has turned to purchasing the formula through Amazon. Without his type of expertise, families are overwhelmed when they try to acquire insurance coverage for these expensive products.

For the record no one else indicated their desire to testify in person or remotely.

**Rep. Rubel**, in closing, said **HCR 6** starts the conversation for this issue by investigating parameters and making recommendations.

**MOTION:**

**Rep. Davis** made a motion to send **HCR 6** to the floor with a **DO PASS** recommendation.

Responding to questions, **Rep. Rubel** explained any coverage is erratic and may involve a fight with the insurance company. This is not a mandate. It is a directive to the DOI to confer with insurance companies and come back with recommendations. If, in fact, they find there is no problem, then no further action will be recommended.

**VOTE ON MOTION:**

**Chairman Wood** called for a vote on the motion to send **HCR 6** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Mitchell** and **Blanksma** requested they be recorded as voting **NAY**. **Rep. Rubel** will sponsor the bill on the floor.

**SCR 102:**

**Sen. Jeff Agenbroad**, District 13, presented **SCR 102**, which recommends the use of the closed captioning (CC) feature on all televisions broadcasting in public areas. This requires flipping a switch on a television's remote control. It enhances the communication ability of a significant segment of our population who have hearing loss, are learning a language, or are learning to read. All 13" or larger televisions have CC capability and all broadcasters provide CC.

**Steven Snow**, Executive Director, Idaho Council for the Deaf and Hard of Hearing, testified **in support** of **SCR 102**. Often a facility may agree to turn on the CC when they learn about its benefits to their patrons. Over 200k Idahoans have hearing loss and a simple pressing of a remote control button will benefit everyone in public areas.. A study showed 80% of the persons benefiting from CC are hearing individuals who use CC for terminology or understanding accents.

**MOTION:**

**Rep. Rubel** made a motion to send **SCR 102** to the floor with a **DO PASS** recommendation.

**Gretchen Fors**, Idaho Council for the Deaf and Hard of Hearing, testified **in support** of **SCR 102**, stating children watch CC programs for a variety of reasons.

**Valerie Player**, Idaho Hands and Voices, testified **in support** of **SCR 102**. This change costs nothing, improves accessibility, helps little children learn to read, and provides real time access to news and information.

For the record no one else indicated their desire to testify in person or remotely.

**VOTE ON MOTION:**

**Chairman Wood** called for a vote on the motion to send **SCR 102** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Horman** and **Kauffman** will sponsor the bill on the floor.

**S 1017:** **Tim Frost**, Regulatory Affairs Manager, Division of Occupational and Professional Licenses, on behalf of the Board of Pharmacy, presented **S 1017**, the annual alignment of the Controlled Substance Act with the most recent Drug Enforcement Administration (DEA) controlled substance scheduling. Epidiolex is removed from Schedule V and becomes a regular legend drug. Six synthetic cannabinoids are added to Schedule I. Norfentanyl is added to Schedule II and Lasmiditan is added to Schedule V. A spelling correction for carisoprodol is made to Schedule V.

**MOTION:** **Rep. Blanksma** made a motion to send **S 1017** to the floor with a **DO PASS** recommendation.

For the record no one indicated their desire to testify in person or remotely.

**VOTE ON MOTION:** **Chairman Wood** called for a vote on the motion to send **S 1017** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Christensen** requested he be recorded as voting **NAY.** **Rep. Chew** will sponsor the bill on the house floor.

The committee then discussed their JFAC recommendations regarding the Department of Health and Welfare 2022 budget. **Chairman Wood** will present their recommendations on February 18, 2021.

**ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 10:38 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary